

Partnerships for Success (PFS): Underage Drinking and Prescription Drug Misuse Community Outcomes

Case Example: Massachusetts

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Overview: Massachusetts Partnerships for Success

PFS-II grant

Sept. 30, 2012 – Sept. 29, 2015: (3 years) N=8 sub-recipient communities Rx drug misuse High school age youth

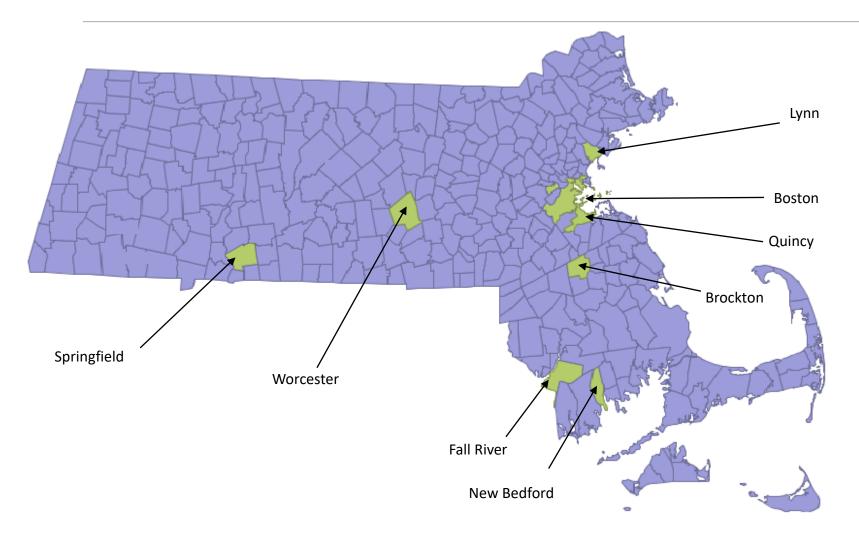


PFS 2015 grant

Sept. 30, 2015 – Sept. 29, 2020: (5 years) N=16 sub-recipient communities Rx drug misuse High school age youth

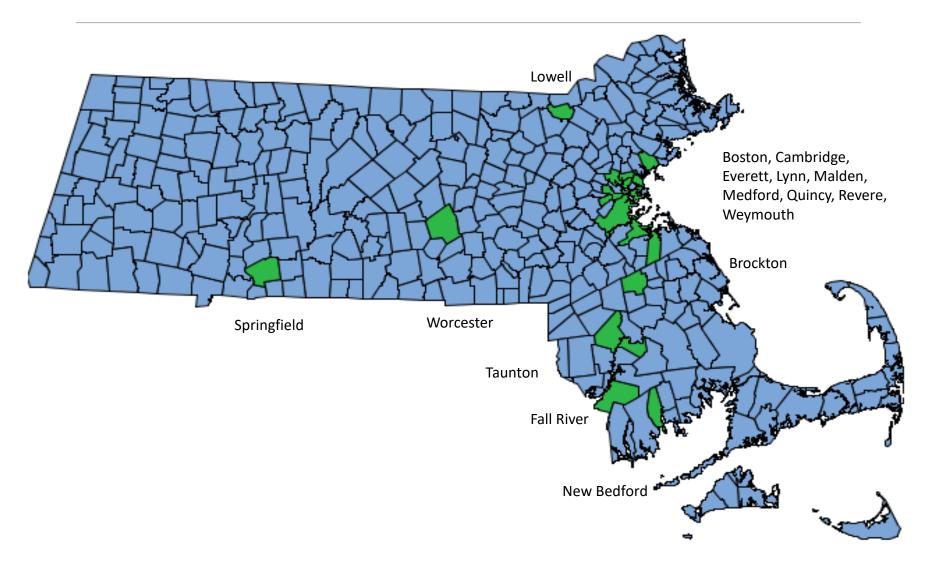
Massachusetts PFS-II Communities (n=8)

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Massachusetts PFS 2015 Communities (n=16)

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Intervening in Large, Densely Populated Communities

Number of High School Youth

 Total Students: 62,392
 Range: 1,376 to 15,772

 Average: 2,000
 Median: 2,180

Average: 3,900

Median: 2,180

Municipality	9 th Grade	10 th Grade	11 th Grade	12 th Grade	Total
Boston	4,189	3,553	4,024	4,006	15,772
Brockton	1,216	1,093	1,136	1,064	4,509
Cambridge	484	486	507	485	1,962
Everett	442	531	524	507	2,004
Fall River	651	576	526	511	2,264
Lowell	856	811	816	788	3,271
Lynn	1,209	1,182	1,024	1,003	4,418
Malden	472	429	455	454	1,810
Medford	335	321	358	362	1,376
New Bedford	562	613	548	372	2,095
Quincy	688	669	712	690	2,759
Revere	637	465	506	458	2,066
Springfield	2,117	1,842	1,572	1,490	7,021
Taunton	551	510	523	442	2,026
Weymouth	495	476	456	469	1,896
Worcester	1,841	1,854	1,726	1,722	7,143

SRE Community Outcome Data Gaps

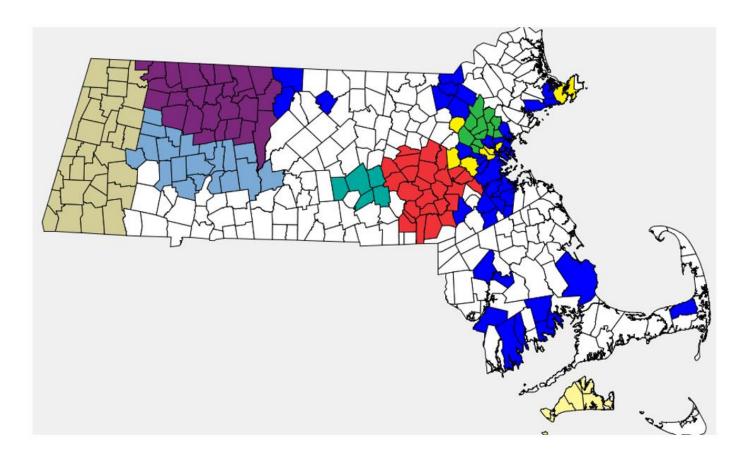
- MA has a rich tapestry of administrative data at the community level through DPH and DESE.
- Main data gap is for youth health survey data. The Commonwealth's youth surveillance instruments (YRBS, YHS) cannot be disaggregated to the community level.
- Many, but not all districts engage in some level of local assessment (e.g., local YRBS, CTC Survey, PNAS, etc.).
- Not all PFS subrecipients were able to meet the biannual data requirements for reporting consumption and intervening variable data on prescription drug misuse and underage alcohol use.

MA Epi Workgroup Scan of Youth Surveys

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Estimate

Approximately 171 of 351 communities (49%) have a local student survey.

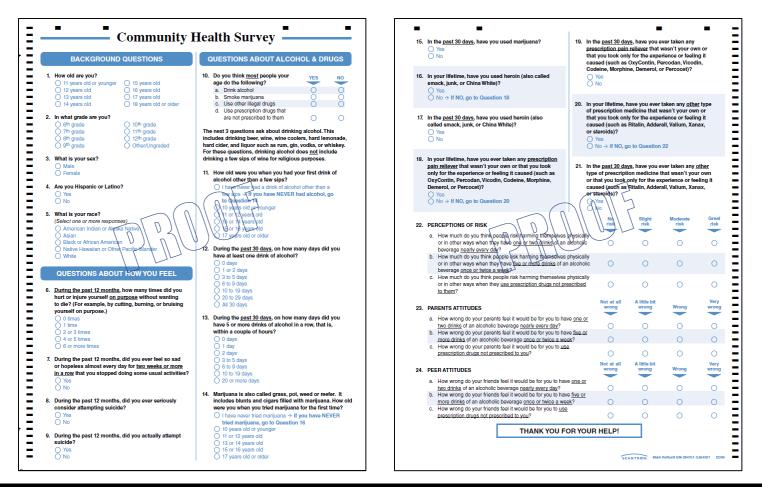


State Support for PFS Communities

- Statewide evaluation team and MEW assessed each subrecipient's capacity to provide data (including instrument reviews). Similar to DFC model.
- Communities with existing instruments were encouraged to modify instruments, as needed, to align with PEP-C requirements.
- BSAS contracted with Center for Survey Research at UMass Boston:
 - Develop a Brief Community Survey (BCS) with MEW.
 - Assist schools to implement BCS with a sample or census (based on size)
 - Coordinate printing of survey, data scanning, data analysis, reporting.
- Offered to all sub-recipients as a way to either meet bi-annual requirement
 <u>or</u> as an "off-year" check-in for sites with an existing instrument.

PFS Brief Community Survey

• Designed to be implemented in 15 minutes (homeroom period). Meets all core measure requirements with some additional variables.





- Between one-quarter and one-third of subrecipients have used the BCS in any given year of the grant.
- Nice example of collaboration between BSAS, MEW, statewide evaluation team, external data contractor, subrecipient program coordinator, and school district.
- [Seed Resource Model]: Some communities that had to use the BCS at the outset of the grant have since leveraged these data to convince local government and school administrators to provide support for a local survey.





Challenge: Measurement

- Existing surveys often lacked items differentiating between different classes of prescription drugs (pain relievers, tranquilizers, stimulants, sedatives) and intervening variables of interest (e.g., usual source).
- Rx questions being crowded out in light of other issues (e.g., recreational marijuana legalization) and interest/attention to opioid overdose and fentanyl versus primary prevention.
- Lack of questions about group affiliation for populations and subpopulations the literature suggests are often at disproportionate levels of risk of use.



Challenges: Administration

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- Lack of data on vocational technical high schools, parochial schools, and alternative schools.
 - Particularly relevant in light of the recently released Opioid-related Overdose
 Deaths in Massachusetts by Industry and Occupation report issued by the
 Massachusetts Department of Public Health that received national coverage.
- Push-back from some communities due to the sensitive nature of some of the questions in standard youth risk behavior survey questionnaires (e.g., suicidality, sexual behavior).
- Inconsistent administration (e.g., "We weren't able to survey 12th graders this year.")
 - Really an issue of resources and sustainability.



S_{S_R} Challenges: Analysis

- Prevention coalitions that receive data reports from the school:
 - Often do not have access to raw data.
 - Are limited to the analyses provided (usually basic frequencies maybe some limited cross-tabulations by gender, grade, race/ethnicity)
 - Even when the raw data are available, sites do not always have the knowledge or capacity to run sub-group analyses of interest.
- Makes targeted prevention programming difficult too much reliance on qualitative data on convenience samples when quantitative data are available.

Success: Alternative Data Sources

- Grantees have made extensive use of other assessment and community outcomes data sources:
 - Interviews and Focus Groups
 - Department of Elementary and Secondary Education Databases
 - Community surveys (online, health fairs, social media, public meetings)
 - Law enforcement data

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- Emergency department data
- Town Clerk death certificate data
- Prescription Drug Monitoring Program data
- Rx Take-Back Event data
- Special populations (older adults, public housing)



"We reviewed the survey results from the UMASS Brief Community Survey. The survey included longitudinal findings and showed that [prescription] drug misuse] decreased. However, there were some areas where peer attitudes related to substance use increased. In regards to prescription drugs, when asked "How wrong do your friends feel it would be for you to use prescription drugs not prescribed to you?", [older] students who responded "Not at all wrong" increased. This data presented a possible opportunity to provide interventions for upperclassman."

